

Attachment I

SB 192 Funding for Neonatal Abstinence Syndrome Budget Detail Worksheet & Summary

This Budget Detail Worksheet is provided for your use in the preparation of the budget and budget narrative. All required information, including budget narrative, must be provided. Any budget categories not applicable to your budget should be indicated as such in the narrative.

Please Note: SB 192 NAS Project dollars may not be used for Indirect Costs.

Assurance of Non-Supplantation of SB192 NAS Project Funds

By checking this box ☐, the applicant assures that funds provided through SB 192 funding shall not replace or supplant funding of an existing program.

A. Personnel – List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the SB192 project. Compensation paid for employees engaged in the SB192 NAS Project activities must be consistent with that paid for similar work within the applicant organization. Include a description of the responsibilities and duties of each position in relationship to fulfilling the project goals and objectives. (NOTE: Use whole numbers as the percentage of time, an example is 75.5% should be shown as 75.50).

Name	Position	Computation			
		Salary	Basis	Percentage of Time	Cost
			Year		

**Add more lines as needed*

PERSONNEL NARRATIVE

B. **Fringe Benefits** - Fringe benefits should be based on actual known costs or an approved negotiated rate. If not based on an approved negotiated rate, list the composition of the fringe benefit package. Fringe benefits are for the personnel listed in budget category (A) and only for the percentage of time devoted to the SB192 NAS Project. Fringe benefits on overtime hours are limited to FICA, Workman's Compensation and Unemployment Compensation. (*NOTE: Use decimal numbers for the fringe benefit rates, an example is 7.65% should be shown as .0765*).

FRINGE BENEFITS

Description	Computation		Cost
	Base	Rate	

**Add more lines as needed*

FRINGE BENEFITS NARRATIVE

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C. **Travel** - Itemize travel expenses for personnel by purpose (e.g., training, meetings, etc.). Describe the purpose of each travel expenditure in reference to the SB192 NAS Project goals and objectives. Show the basis of computation (e.g., six people to 3-day training at \$X airfare, \$X lodging, \$X subsistence). In training projects, travel and meals for trainees should be listed separately. Show the number of trainees and the unit costs involved. Identify the location of travel, if known; or if unknown, indicate "location to be determined." (*NOTE: Travel expenses for consultants should be included in the "Contractual/Consultant" category*).

TRAVEL

Purpose of Travel	Location	Computation							Cost
		Item	Cost Rate	Basis for Rate	Quantity	Number of People	Number of Trips	Cost	
		Lodging		Night					
		Meals		Day					
		Mileage		Mile					
		Transportation:		Roundtrip					
		Local Travel							
		Other							
		Subtotal							

**Add more lines as needed*

TRAVEL NARRATIVE

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D. **Equipment** – List non-expendable items that are purchased (NOTE: Organization’s own capitalization policy for classification of equipment should be used). Expendable items should be included in the “Supplies” category. Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially high cost items and those subject to rapid technological advances. Rented or leased equipment costs should be listed in the “Contractual” category. Explain how the equipment is necessary for the success of the SB192 NAS Project, and describe the procurement method to be used.

EQUIPMENT

Item	Computation		Cost
	Quantity	Cost	

**Add more lines as needed*

EQUIPMENT NARRATIVE

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E. Supplies – List items by type (office supplies, postage, training materials, copying paper, and expendable equipment items costing less than \$5000) and show the basis for computation. Generally, supplies include any materials that are expendable or consumed during the course of the SB192 NAS Project.

SUPPLIES

Supply Items	Computation		Cost
	Quantity/Duration	Cost	

**Add more lines as needed*

SUPPLIES NARRATIVE

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F. Repairs/Renovations – Provide a description of the repairs or renovations and an estimate of the costs.

REPAIRS/RENOVATIONS

Purpose	Description of Work	Cost

**Add more lines as needed*

REPAIRS/RENOVATIONS NARRATIVE

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G. Consultants/Contracts

Consultant Fees: For each consultant, enter the name, if known, services to be provided, hourly or daily fee (8-hour day), and estimated time. For consultant fees in excess of \$450 per day or \$56.25 per hour provide, you must provide additional justification in the narrative section. For all consultants, please include a letter of support or agreement describing the proposed services, itemized costs, etc.

CONSULTANT FEES

Name of Consultant	Service Provided	Computation			Cost
		Fee	Basis	Quantity	

**Add more lines as needed*

CONSULTANT FEES NARRATIVE

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Consultant Expenses: List all expenses to be paid with SB192 NAS Project dollars to the individual consultants in addition to their fees (i.e., travel, meals, lodging, etc.). This includes travel expenses for anyone who is not an employee of the applicant agency, such as participants, volunteers, partners, etc.

CONSULTANT EXPENSES

Purpose of Travel	Location	Computation							Cost
		Item	Cost Rate	Basis for Rate	Quantity	Number of People	Number of Trips	Cost	
		Lodging		Night					
		Meals		Day					
		Mileage		Mile					
		Transportation:		Roundtrip					
		Local Travel							
		Other							
		Subtotal							

**Add more lines as needed*

CONSULTANT EXPENSES NARRATIVE

Contracts: Provide a description of the product or services to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts. Please provide additional justification in the narrative for sole source contracts in excess of \$100,000. A sole source contract may not be awarded to a commercial organization that is ineligible to receive a direct award.

CONTRACTS

Item	Cost

**Add more lines as needed*

CONTRACTS NARRATIVE

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H. **Other Costs** – List items (e.g., rent, reproduction, telephone, janitorial, or security services) by major type and the basis of the computation. For example, provide the square footage and the cost per square foot for rent or provide a monthly rental cost and how many months to rent. The basis field is a text field to describe the quantity such as square footage, months, etc.

OTHER COSTS

Description	Computation				Cost
	Quantity	Basis	Cost	Length of Time	

**Add more lines as needed*

OTHER COSTS NARRATIVE

BUDGET SUMMARY

Budget Category	Request
A. Personnel	
B. Fringe Benefits	
C. Travel	
D. Equipment	
E. Supplies	
F. Repairs/Renovations	
G. Consultants/Contracts	
H. Other Costs	
Total Request	

